



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF PLUMBING
Boiler Inspection Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
(502) 573-1708 Fax (502) 573-1058



OWNER FACILITY LICENSE APPLICATION

Please type or print application. Answer all questions on this application.

An application fee of \$1,000 payable to Kentucky State Treasurer shall be submitted with this application.

(Note: If the application is denied, the Department shall refund only \$500 of the application fee)

1. Name of Facility: _____

Address: _____

(Street, Route or Box Number)

City: _____ State: _____ Zip: _____ County: _____

Name of Primary Contact: _____ Title: _____

E-Mail Address: _____ Telephone: (_____) _____ - _____

2. List each owner's piping inspector and independent inspection agency retained by the applicant facility:

Name

License #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*****(This list shall be updated and provided to the Boiler Inspection Section within thirty (30) days of a change)*****

3. Attach proof that the facility has employees who hold, or retains a contractor who holds, a boiler and pressure vessel contractor license issued under KRS 236.210.

4. Attach proof of general liability insurance (current Certificate of Insurance for general liability through a company permitted to transact insurance in Kentucky). The Department of Housing, Buildings and Construction, Division of Plumbing, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5412 shall be listed as certificate holder.

Applicant's Signature: _____ Date: _____

For Office Use Only

Date Received _____
Date Approved _____
Check/Pmt # _____
Date Issued _____
Pending _____
License # (if applicable) _____

The applicant, by _____, being duly sworn, declares that the foregoing statements are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me on this the _____ day of _____, 20__.

Notary Public _____ My Commission expires: _____

